measure to-day. It would be seen from the Standing Orders of this House that there is express provision that if no amendment is passed during the second reading the member in charge may proceed to the third reading at once. And, that is the ordinary course too of business. If the members have decided that all clauses should stand part of the Bill, it is only natural that the House would be anxious to go to the third reading immediately. But cases may occur where it may not be advisable to do so. For instance, if in respect of a Bill there has been a large number of amendments, there may be various clauses to be examined later on before the Bill is made into law. It is desirable that Government in such cases should have time to think over the clauses after the second reading. It would be remembered that when the second reading is passed the only authority that may bring in any amendment is the Government. In this case there has been no amendment at all and there has been no opposition to any of the clauses in the Bill. Therefore Government do not want further time for thinking over and we may now proceed with the further stage of the Bill.

Mr. Kochikal P. Balakrishnan Tampi: In the face of the Law Member's opinion, I withdraw my objection.

Chairman: The motion before the House is that the short title be amended, the amendment being to substitute the figures "1110" for '110...".

The motion was put to vote and carried.

Mr. Kayalam Paramesvaran Pillai: I move that the Bill just now amended be passed into law.

Mr. C. O. Madhavan: I second it.

The motion that the Bill as amended be passed into law was put to vote and carried.

The Bill was passed.

The House adjourned at 3-18 P. M. and met again at 3-30 P. M. with Mr. M. Govindan, one of the panel of Chairmen, in the chair.

ADJOURNMENT MOTION RE OUTBREAK OF MALARIA IN NEYYATTINKARA AND OTHER PLACES.

Chairman: We shall now take up Mr. N. K. Padmanabha Pillai's motion for the adjournment of the House to discuss a definite matter of urgent public importance, namely, the grave situation created in the country by the recent outbreak of malaria in an epidemic form.

Honourable members will remember that the time-limit for speeches is 15 minutes.

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Mr. N. K Padmanabha Pillai : സർ, മലമ്പനിരോഗബാധയെ സംബന്ധിച്ച ഒരു പ്രമേയം ഇവിടെ അവതരിപ്പിക്കുന്നതിനു അനുവാദം നൽകിയതിൽ ഞാൻ ഈ സഭയോടു നന്ദി പറഞ്ഞു കൊള്ളുന്നു.

നെയ്യാറിൻകര, നെടുമങ്ങാട്, വിളവങ്കോട് ഈ മൂന്നുതാലൂക്കുകളിലും ഇപ്പോൾ പടർന്നുപിടിച്ചിരിക്കുന്ന മലമ്പനിയെപ്പറ്റി ബഹുമാനപ്പെട്ട മെമ്പർമാർക്കും ഗവണ്മെൻറിനും നല്ലവണ്ണം അറിവുള്ളതാണ്. ഞാൻ പ്രാതിനിധ്യം വഹിക്കുന്ന നെയ്യാറിൻകര, നെടുമങ്ങാട് ഈ രണ്ടു താലൂക്കുകളിലും, വിശേഷിച്ചും നെയ്യാറിൻകര താലൂക്കിലെ മിക്ക പകുതികളിലും ഈ രോഗം പടർന്നു പിടിച്ചു പല കഷ്ടതകളും ചെയ്യുവരുന്നുണ്ട്. അവിടങ്ങളിൽ ഏതുഭാഗത്തും ഈദുരന്തദുരിതമനുഭവിക്കുന്ന പലസാധുക്കളേയും കാണാവുന്നതാണ്. നെയ്യാറിൻകര താലൂക്കിൽപ്പെട്ട കുന്നത്തുകാൽ, പെരുങ്കടവിള, ഒറശേഖരമംഗലം ഈ പകുതികളിൽ ചിലഭാഗങ്ങളും പണ്ടേതന്നെ മലമ്പനിയുള്ള സ്ഥലങ്ങളാണ്. അവിടങ്ങളിൽ തുടങ്ങിയ ഈ ബാധ ആ പകുതികളും മുഴുവനും, അതിനു സമീപപ്രദേശങ്ങളിലും, തൊൽത്തൂർ യൂണിറ്റ് ഏറിയായ്കത്തും, മുനിസിപ്പാലിറ്റിക്കുള്ളിലും വ്യാപിച്ചു കഴിഞ്ഞിട്ടുണ്ട്. ഉൾനാടുകളിൽ മിക്ക സ്ഥലങ്ങളിലും സഞ്ചരിച്ചു അവിടത്തെ സ്ഥിതിഗതികളും കണ്ടുകൊണ്ടിരിക്കുന്ന എനിക്കു സാധുക്കളായ ജനങ്ങളും അനുഭവിക്കുന്ന ഇപ്പോഴത്തെ ദുരിതത്തെ സംബന്ധിച്ചു വിസ്തരിച്ചു പറയുന്നതിനുതന്നെ കഴിയുമെന്നു തോന്നുന്നില്ല, അത്രഭയങ്കരമായ ഒരു സംഗതിയാണ് അവിടെ നടക്കുന്നതു്. നാലഞ്ചു ദിവസത്തിനുമുമ്പു ഞാനും അസംബ്ലിമെമ്പർ മി. എൻ. കെ. കൃഷ്ണപിള്ളയും, തഹശീൽദാർ മി. പരമേശ്വരമേനവനുമായി ഉൾനാട്ടിലുള്ള ഓരോ പ്രദേശത്തും പോവുകയുണ്ടായി. മോട്ടാറൊ വണ്ടിയോ പോകാത്ത, റോഡിൽനിന്നും അഞ്ചുനാഴിക അകലെയുള്ള, ഒരു സ്ഥലത്തു് അന്നു് അരിവിതരണം ചെയ്യുകയായിരുന്നു. ഞങ്ങൾ ആ ഭാഗത്തേക്കു പോകുന്നവഴിമദ്ധ്യേയുള്ള ഓരോ വീട്ടിലും പോയി അന്വേഷിച്ചതിൽ പനിയില്ലാത്ത ഒരൊറ്റവീടുപോലുമുണ്ടായിരുന്നില്ല. രോഗിയെ ശുശ്രൂഷിക്കാൻ ആളുമില്ല. ഈ മാതിരിയുള്ള അവശതയിൽ കിടക്കുന്ന ജനങ്ങളുടെ സ്ഥിതി കണ്ടറിയുകയല്ലാതെ പറഞ്ഞു ബോദ്ധ്യപ്പെടുത്താൻ പ്രയാസമാണ്.

കൊതുകിന്റെ ഉപദ്രവംകൊണ്ടാണ് പനിയുണ്ടാകുന്നതെന്നാണ് ഡാക്ടർമാർ പറയുന്നതെങ്കിലും എന്റെ ഊഹത്തിലും അനുഭവത്തിലും അന്നപുഷ്ടിയും, ദാരിദ്ര്യവും തന്നിമിത്തം ഉണ്ടാകുന്ന പട്ടിണിയുമാണ് ഇ

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തിനു കാരണമെന്നു പറയാതിരിക്കാൻ നിവൃത്തിയില്ല. ഫ ൦ ൦-നു ൻ൯-ാപരും മലമ്പനിയായി കിടക്കയാണു് എന്നു പറയുന്നതു് അതിശയോക്തിയാണെന്നു ആരും വിചാരിച്ചുപോകരുതു്. പണ്ടേതന്നെപട്ടിണിയായി കഴിഞ്ഞുകൂടുന്ന ജനങ്ങളുടെയിടയിൽ ഇങ്ങനെ ഒരു മഹാമാരി ക്രുദ്ധിവന്നു പിടികൂടിയപ്പോഴുള്ള കഥപറയുവാനുണ്ടോ? എരിയുന്ന അഗ്നിയിൽ വായുഭഗവാൻ എന്നപോലെ പട്ടിണികിടക്കുന്ന സാധുക്കളുടെയിടയിൽ ഇതൊരു കനുകോടാലിയായിട്ടു തീർന്നിരിക്കയാണു്. ഇതിനെ തടുക്കാൻ നെയ്യാറിൻകര ഹെൽത്ത് യൂണിറ്റും ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറും ചെയ്തിട്ടുള്ള അക്ഷീണപരിശ്രമത്തിൻെറ ഫലമായിട്ട ഹെൽത്ത് യൂണിറ്റിനകത്തും മുനിസിപ്പാലിറ്റിക്കകത്തും ഇപ്പോൾ പനി ശമിച്ചിട്ടുണ്ടെന്നു തന്നെ പറയാം. എന്നാൽ അവരുടെ പരിശ്രമത്തിൻെറ ഫലമായി മരണത്തിനു കുറവുണ്ടെന്നല്ലാതെ പനിയുടെ വ്യാപ്തി കുറയ്ക്കുവാൻ സാധിക്കുന്നില്ല.

മകരമാസത്തിലാണു് ഈ സുഖക്കേടു തുടങ്ങിയതു്. മേടം മുതൽചികിത്സ നടത്തിതുടങ്ങി. മേടമാസം ആദ്യം രോഗികളുടെ സംഖ്യ. ഏഴായിരമായിരുന്നതു് മേടമാസം നു-ാനു- ഹെൽത്ത് ഡിപ്പാർട്ടുമെൻറിലെ കണക്കനുസരിച്ചു ഫ ൪,൦ ൦ ൦ ആയി വർദ്ധിച്ചു.

Mr. A. N. Visvanatha Pillai : ഈ ഉകപറഞ്ഞതു് ഹെൽത്ത് യൂണിറ്റിനകത്തു് മാത്രമോ അതോ നെയ്യാറിൻകര താലൂക്കു് ഒട്ടുക്കുള്ളതോ?

Mr. N. K. Padmanabha Pillai : താലൂക്കൊട്ടുക്കാണു്, ഹെൽത്തുഡിപ്പാർട്ടുമെൻറുകാരുടെ കണക്കനുസരിച്ചതന്നെ ഇടവം ൪-ാനു- രോഗികളുടെ സംഖ്യ ൨൨,൦ ൦ ൦ ആയി വർദ്ധിച്ചിരിക്കുന്നു. വെള്ളറടകോട്ട, നെയ്യാറിൻകര, നെടുമങ്ങാട് ഈ മൂന്നു് താലൂക്കുകളിലുമായി ആകെ ൨൫,൦ ൦ ൦ത്തിൽചിലപ്പോൾ പനിപിടിച്ചു കിടപ്പുണ്ടു്. ഹെൽത്തു് ഡിപ്പാർട്ടുമെൻറുകാർ കയിനാകൊട്ടത്തു ആശ്വാസപ്പെട്ടത്തിവരുന്നുവെങ്കിലും അതുകൊണ്ടുമാത്രം മതിയാവുകയില്ല. ൨൨ കേന്ദ്രസ്ഥലങ്ങളിലാണു് ഇപ്പോൾ മരുന്നു വിതരണംചെയ്യുവരുന്നതു്. ഹെൽത്തുഡയറക്ടർ ഡാക്ടർ ഗോപാലപിള്ളയുടെ നിയന്ത്രണത്തിലും ഹെൽത്തു് മെഡിക്കൽ ആഫീസർ ഡാക്ടർ കൃഷ്ണൻതമ്പിയുടെ സമർത്ഥമായ മേൽനോട്ടത്തിലും ഈ ജോലി ഭംഗിയായി നിവ്വഹിച്ചുവരുന്നുണ്ടു്. എന്നാൽ നെയ്യാറിൻകരതാലൂക്കിൽ ഇതിനെ പെട്ടെന്നു നിറുത്തണമെങ്കിൽ ഗവണ്മെൻറിൻെറ സഹായമില്ലാതെ സാധിക്കുകയില്ല. ഏഴായി

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ംപേർ സുഖക്കേടായി കിടക്കുന്നകാലത്ത് അവരുടെ ദുർഘടാവസ്ഥ യെപ്പററി ഗവണ്മെൻറിനെ ധരിപ്പിച്ചപ്പോൾ തല്ക്കാലം അവക്കാഹാരംകൊടുക്കാനായി നെയ്യാററിൻകരക്ക് ₹ ൦ ൦ ൦ വും വിളവങ്കോട്, നെടുമങ്ങാട് ഈ താലൂക്കുകളിലേക്കു ൫൦൦ വീതവും രൂപാ ഗവണ്മെൻറ് അനുവദിച്ചു. ഇപ്പോൾ ൨,൦൦൦പേർ നെയ്യാറിൻകരതാലൂക്കിൽമാത്രം പനിപിടിച്ചവരായി ഉണ്ടായിട്ടും ഗവണ്മെൻറു സഹായംചെയ്യാമെന്നു വാഗ്ദാനം ചെയ്തതല്ലാതെ ക്ലൃപ്തമായി യാതൊരുസഹായവും ചെയ്തുതന്നിട്ടില്ല. ഇപ്പോൾ തന്നിട്ടുള്ള ₹ ൦ ൦ ൦ രൂപായ്ക്കും അരി വാങ്ങിച്ചു വിതരണംചെയ്തുകഴിഞ്ഞു. പിന്നീടു തിരുവനന്തപുരത്തു ചാല, വള്ളക്കടവു മുതലായ സ്ഥലങ്ങളിലെ കച്ചവടക്കാരുടെ മഹാമനസ്കതകൊണ്ടു ഞങ്ങളും അരിശേഖരിച്ചു സാധുരോഗികൾക്കു കൊടുത്തുവരുന്നു. അതുപോലെതന്നെ നെയ്യാറിൻകര, തിരുവനന്തപുരം എന്നീ സ്ഥലങ്ങളിലെ ചില ഉദ്യോഗസ്ഥന്മാരുദ്യോഗസ്ഥന്മാരും വേണ്ട സഹായം ചെയ്യുന്നുണ്ട്; അതു് ഞങ്ങൾ ഏററവും നന്ദിപൂർവ്വം സ്വീകരിക്കുന്നു. നെയ്യാറിൻകരയിൽ ഇതു സംബന്ധിച്ചു ഒരു സെൻട്രൽ റിലീഫ് കമ്മററിതന്നെയുണ്ടു്. ഉദ്യോഗസ്ഥന്മാരും അനുദ്യോഗസ്ഥന്മാരും ഒന്നുചേർന്നു പ്രവൃത്തിച്ചാൽ കാര്യങ്ങൾ വളരെ ഭംഗിയായി നിവർഹിക്കാമെന്നുള്ളതിനു ഈ കമ്മററിയുടെ പ്രയത്നം ഒരു ദൃഷ്ടാന്തമാണു്.

ഈ പ്രമേയംമൂലം ഗവണ്മെൻറിനെ ഏനിക്കറിയിക്കുവാനുള്ളതു് മൂന്നു സംഗതിയാണു്. ഒന്നാമതു ഗവണ്മെൻറിൽനിന്നും അരി വിതരണത്തിനായി ചെയ്തിട്ടുള്ള സംഭാവനകൊണ്ടു തീരെ മതിയാകുന്നില്ല. അതുകൊണ്ടു് തല്ക്കാലം ഒരു ₹ ൦,൦ ൦ ൦ രൂപായെങ്കിലും ഉടനടി അനുവദിച്ചില്ലെങ്കിൽ സാധുജനങ്ങൾ പട്ടിണികിടന്നു മരിക്കുകയെയുള്ളൂ.

രണ്ടാമതായിട്ടു പറയുവാനുള്ളതു രോഗനിവാരണത്തെ സംബന്ധിച്ചാണു്. ഹെൽത്തുഡിപ്പാർട്ടുമെൻറിൽനിന്നും കുറെയിനാമാത്രംകൊടുക്കുന്നതുകൊണ്ടു മതിയാകയില്ല. ഓരോ സ്ഥലങ്ങളിലും ഡിസ്പെൻസറികളും ആശുപത്രികളും സ്ഥാപിച്ചു സഹായിക്കേണ്ടതാണു്. പെരുങ്കുടവിളപ്രകൃതിയിൽമാത്രം ഗവണ്മെൻറുവക ഒരു ഡിസ്പെൻസറിയുണ്ടു്. കുന്നുകാലിൽ അഞ്ചുമാസം നടത്തിക്കൊണ്ടിരുന്ന ഒരു ഡിസ്പെൻസറിയുണ്ടായിരുന്നു. അതു ഭേദപ്പെടുത്തി ഉദാരമതിയായ ഡർബാർ ഫിസിഷ്യന്റെ അഭിപ്രായപ്രകാരം ആ ഡിസ്പെൻസറിയെ ഗവണ്മെൻറു മിഷ്യൻകാർക്കു ദാനംചെയ്തു. അതായതു് ഒരു മിഷ്യൻഹോസ്പററലിനു ൯൦൦

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രൂപാ ഗ്രാൻറുകൊടുത്തു ഈ ഡിസ്പെൻസറിയും അവക്കായിട്ടു നൽകി. ഇപ്പോൾ ആശുപത്രിസമയംവച്ചിരിക്കുന്നതു് ഉച്ചയ്ക്കു ശേഷം നാലുമണിമുതൽ അഞ്ചുമണിവരെയാണു്. കൊള്ളാമോ! മലമ്പനി രോഗികളെ ചികിത്സിക്കാൻ മിഷ്യൻകാർക്കു പണവും കൊടുക്കണം. മിഷ്യൻഹാസ്പിറ്റലിന്റെ പ്രവർത്തനം ഞാൻ പറയാതെ എല്ലാവർക്കും അറിവുള്ളതാണല്ലൊ. ഒരു ഡോസ് മരുന്നിനും പണംകൊടുക്കണം. പ്രജാസഭയിലും കൌൺസിലിലും ഹർജികൊടുത്തുമൂലവും വാദിച്ചതിന്റെ ഫലമായി വെള്ളറട അഞ്ചുമാസത്തേക്കു മാത്രം ഒരു ഡിസ്പെൻസറി സ്ഥാപിക്കുന്നതിനായി തീർച്ചപ്പെടുത്തി. ഡർബാർഫിസിഷ്യൻ ആശുപത്രി കാരക്കോണത്തു സ്ഥാപിക്കണമെന്നാണു അഭിപ്രായപ്പെട്ടതു്. മറ്റു പകുതികളിലുള്ള രോഗികൾക്കുകൂടി സൌകര്യമായ സ്ഥലം വെള്ളറടയാണു്, അതുകൊണ്ടു ഒരു ആശുപത്രി ഗവണ്മെൻറ് വെള്ളറടതന്നെ ഉടനെ സ്ഥാപിക്കണം, അഞ്ചുമാസത്തേക്കു വെള്ളറട ഫീവർഡിസ്പെൻസറി ഡയിലിഡിസ്പെൻസറിയാക്കിതീർക്കണം. കള്ളിക്കാട്ടു ഒരു സബ് അസിസ്റ്റൻറുസർജനെ നിയമിച്ചിട്ടുണ്ടു്. അദ്ദേഹം രോഗികൾക്കു കിനയിൻ കൊടുക്കുന്നതല്ലാതെ മറ്റു യാതൊന്നും ചെയ്യുന്നില്ല. ഇതുകൊണ്ടുമാത്രം രോഗശമനം കിട്ടുമെന്നു വിചാരിക്കാൻ തരമില്ല, അവിടെയും ഒരു ശരിയായ ഡിസ്പെൻസറി വേണം.

ഈ മലമ്പനിപിടിച്ചു മരിച്ചുപോകുന്നവരെ ഭാഗ്യവാന്മാരെന്നു വേണം വിചാരിക്കാൻ. എന്തുകൊണ്ടെന്നാൽ മരിക്കാതെകിടക്കുന്നവർക്കാണു് വളരെ ദുരിതമുള്ളതു്. മലമ്പനിപിടിപെട്ടവർ ഭാവിയിൽ ഉപയോഗശൂന്യന്മാരായി ഭവിക്കുന്നു. ദിനം ഭേദമായിക്കഴിഞ്ഞാൽ അവരെകൊണ്ടു കുറെകാലത്തേയ്ക്കു ഒരു ജോലിയും ചെയ്യുവാൻ കഴിയുന്നതല്ല. അതിനാൽ സുഖക്കേടുഭേദമായാലും പട്ടിണികിടന്നു മരിക്കേണ്ടിവരും. ജോലിചെയ്യാൻ ശേഷി ശേഷിക്കുന്നവർക്കാണെങ്കിൽ, ഗവണ്മെൻറിൽ നിന്നും അവരെ എന്നും പണമൊ അരിയൊ കൊടുത്തു സഹായിച്ചു എന്നുവരുന്നതല്ല. അതുകൊണ്ടു ഈ ദിക്കുകളിൽ റിലീഫ് വൊർക്സിനായി ഗവണ്മെൻറിൽനിന്നും വരുന്നകൊല്ലത്തെ ബഡ്ജറ്റിൽ ഭാരിച്ചു ഒരുതുക അനുവദിക്കണം. മലമ്പനി ഇപ്പോൾ ഭയങ്കരമായി ബാധിച്ചിട്ടുള്ള ഉൾനാടുകളിൽ റോഡ്കളില്ലാത്തതുകൊണ്ടു ജനങ്ങൾ അനുഭവിക്കുന്ന കഷ്ടതകൾ വളരെയുണ്ടു്. ദിനം പിടിപെട്ടുകിടക്കുന്നസ്ഥലത്തുനിന്നും മരുന്നുകിട്ടുന്നസ്ഥലത്തു പോകണമെങ്കിൽ മലയും കുന്നും കാടുമെല്ലാം കയറണം. അവിടെ കഷ്ടിച്ചു വണ്ടിപോകത്തക്കപാതകൾ ചില

സ്ഥലങ്ങളിൽ ഉള്ളവയെ മോട്ടാറും വണ്ടിയും പോകുത്തക്കവിധത്തിൽ ആക്കണം കാംപ് ളിക്കേഷൻസു വരുമ്പോൾ ഡാക്ടർ രോഗിയെ ആശുപത്രിയിൽ വരാൻ പറയുന്നുണ്ട്. വിതനസൌകര്യമില്ലാത്തതുകൊണ്ടു രോഗികളെകൊണ്ടു പോകുവാൻ നിവർത്തിയില്ല. കുന്നത്തുകാലിത്നിന്നും പെരുങ്കടവിളയോ ഒറശേഖരമംഗലത്തോ പോകണമെങ്കിൽ റോഡിന്റെ അഭാവം നിമിത്തം നെയാറ്റിൻകര വന്നിട്ടുവേണം പോകാൻ. അവിടെയെല്ലാം വണ്ടിപോകുത്തക്ക റോഡ് ഉണ്ടായാൽ രോഗശുശ്രൂഷയ്ക്കു സൌകര്യമുണ്ടാകും.

ദിവാൻജി അവർകൾ നെയാറ്റിങ്കരവന്നു വേണ്ട അന്വേഷണം നടത്തിയതിൽ ജനങ്ങൾക്കു വളരെ തൃപ്തിയുണ്ട്. ഡർബാർഫിസിഷ്യൻ സ്ഥലത്തുവന്നില്ലെങ്കിലും അവിടെയുള്ള ഡാക്ടമാർ നല്ലവണ്ണം വേലചെയ്യുവരുന്നുണ്ടെന്നുള്ളതും സമ്മതിക്കേണ്ട ഒരു സംഗതിയാണ്. നെയ്യാറ്റിൻകര ഡാക്ടർ ഞങ്ങളുടെ റിപ്പീഫ് കമ്മിറ്റിക്കുവേണ്ട ഉപദേശങ്ങളാക്കെന്നും സഹായിക്കുന്നുണ്ട്. നെയ്യാറ്റിൻകര ആശുപത്രിയിൽതന്നെ പലസ്ഥലത്തുനിന്നും മലമ്പനിക്കാരായ അനേകം രോഗികൾ വരുന്നുണ്ട്. കള്ളിക്കാട്ട് ഡിസ്പെൻസറിയിൽ ഒരു സബ് അസിസ്റ്റന്റു സർജ്ജനെനിയമിച്ചതിലും വിളരയിൽ ഒരു ഡിസ്പെൻസറി സ്ഥാപിച്ചതിലും ഞങ്ങൾക്കു വളരെ സന്തോഷമുണ്ട്.

മലമ്പനിക്ക് ഇനിയും ശരിയായ നിവാരണമാർഗ്ഗങ്ങൾ കണ്ടുപിടിക്കാത്തതുനിമിത്തം ഇതു കാലക്രമേണ തിരുവനന്തപുരം പട്ടണത്തേയും ബാധിക്കുകയില്ലയോ എന്നു സംശയമുണ്ട്. ഞങ്ങളുടെ മുനിസിപ്പാലിറ്റിക്കകത്തു പനിയുണ്ടായിരുന്നില്ല. പനിപിടിച്ചവർ മുനിസിപ്പാലിറ്റിക്കകത്തു വന്നുചേരുകയാൽ അവിടെയും ഇതുബാധിച്ചു. മുനിസിപ്പാലിറ്റിയിൽനിന്നും ഇപ്പോൾ 6 പേരെ ചികിത്സിച്ചുവരുന്നു. കൊതുകാണ് ഈ വ്യാധിക്കു കാരണമെന്നു ഡാക്ടർമാർ അഭിപ്രായപ്പെട്ടതുകൊണ്ടു കൊതുകിനെ നശിപ്പിക്കുന്നതിനും വേണ്ടശ്രമങ്ങൾ ചെയ്തുവരുന്നുണ്ട്. ഇതുകൊണ്ട് ഒന്നും മതിയാവുകയില്ല. ശരിയായ ഡാക്ടർമാരെക്കൊണ്ടു ചികിത്സിക്കതന്നെ വേണം. അതിന് സ്ഥലങ്ങളിൽ ആശുപത്രികൾ വേണം മലമ്പനിയിൽ കാംപ് ളിക്കേഷൻസു വളരെയുണ്ടാകുന്നുണ്ട്. അവരുടെ ശുശ്രൂഷക്ക് യാതൊരുസൌകര്യവുമില്ല. അതിനാൽ ഗവണ്മെൻറിൽനിന്നും ഈ വിഷയത്തിൽ വേണ്ട ഏർപ്പാടുകൾ ഉടനെ ചെയ്തുതരണമെന്നു ഞാൻ അപേക്ഷിക്കുന്നു.

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Mr. James Simpson: Will the member be pleased to elucidate one point? Is he aware that the mission authorities there approached the people and the Medical Department and stated that if they were permitted to have the Hospital at Panachamood they would be able to open it at suitable hours?

Mr. N. K. Padmanabha Pillai: അങ്ങിനെയല്ല. പനി ബാധിതമായ സ്ഥലങ്ങൾക്കുമദ്ധ്യേ ജനങ്ങൾക്കു സൌകര്യമായ ഒരുസ്ഥലം വെള്ളിറടയാണ്. പനച്ചിമൂട്ടിൽ ചന്തയുണ്ടെങ്കിലും അതു നാലുദിവസത്തിൽ ഒരിക്കൽമാത്രമേ കൂടുന്നൊള്ളൂ. ഈ ചന്തയ്ക്കും ആശുപത്രി സ്ഥാപനത്തിനുമായിട്ടു ഒരുസംബന്ധവുമില്ല. അതുകൊണ്ടു ആശുപത്രി വെള്ളിറടതന്നെയാണ് ആവശ്യം.

Mr. K. P. Nilakanta Pillai: Sir, I have to make a few observations about the spread of malaria in Travancore. The latest information shows that it has today crossed the boundary of Nedumangad to Chirayinkil. Whatever the heads of the various departments may have done, so far as the measures at Nedumangad are concerned they are far from satisfactory. It is not at all my intention to criticise the earnest work done by any officer in this behalf. Nor is it my intention to criticise the Government. What I state is not directed against any officer. Considerations of humanity ought to weigh more with the Government and their officers. I have been making a careful survey of the work done by the various people in Nedumangad. Practically nothing has been done. I am aware of the hospitals opened at Vidurai, Palode and Aryanad. But they have done practically nothing more than distributing quinine to those who seek it. I know that in the Nedumangad taluk Rs. 500 has been allotted for distributing rations. At the Palode Hospital, the average attendance of fever patients is 150 per diem of which 70 are new cases. At Chulimanoor there is a private doctor. He is giving quinine free. But nothing is done there by way of distributing rice. I am at a loss to understand who is controlling the allotment of Rs. 500. I do not know if the Tahsildar is entrusted with the work. I am not complaining against the Tahsildar. I am only making known to the Government the grievances which the people are entitled to ventilate in this House. One bag of rice was made available for distribution at Palode on the 6th. On the 9th day the rice was exhausted. We are not in a position to know whether the amount of Rs. 500 has been spent so that we may go begging for more money. The Proverthikar—whoever that be—assured me that there was deficiency in rice. When I met the doctor in charge of the hospital he said 'we are at a loss to understand in what spirit of co-operation we are expected to work with the

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[Mr. K. P. Nilakanta Pillai.]

revenue authorities.' A few patients were lying in the main road unattended. I found myself helpless. What can we do? We distributed some money and came away. The Government may be well-advised in allotting money. But, the local authorities are ill-advised in not distributing money. A few dispensaries have been opened there. They expect patients to go to the hospitals. Is it possible? In the dispensaries quinine alone is distributed. And for the distribution of quinine throughout the taluk no provision is made. Therefore fever is increasing day by day. That is the situation today. The vigorous measures that ought to have been taken by Government and the departments have not been taken hitherto so far as the Nedumangad taluk is concerned. As a result, fever has now spread to the Chirayinkil taluk also. I think that the mere issue of quinine is utterly useless with reference to the kind of cases now resorting to the hospitals. The doctor assured me that all the 150 people resorting to the hospitals every day are very poor. They must all be fed. Otherwise there is no use of distributing quinine. Under these circumstances my humble submission is that it is not the distribution of quinine and opening of hospitals in centres where cars can go that are necessary; a regular rationing system has to be adopted by Government if this is to be suppressed. It began in Neyyattinkara. It has come to Nedumangad and now it has gone to Chirayinkil. Has the Government understood the magnitude of the situation? I heard it said elsewhere in the other House that the Ceylon Government spent enormous amounts to suppress malaria. What have our Government done? Are they waiting to have the situation aggravated? Our Government are probably waiting to open out the coffers when malaria has spread all over the State. Up till now no vigorous measures have been taken. The spirit of relief measures has not been understood either by the Government or the subordinate officers who are deputed to meet the situation. That is my grievance. The condition in Vidura is terrible. There is an atmosphere of panic. A dispensary has been opened there and some respectable people also are engaged in distributing medicine. But people are in a state of panic and they are migrating to the neighbouring places. Some definite steps should be taken to see that the persons attacked by fever are detained in some locality. Otherwise the disease will spread. The percentage of attack among middle class people is negligible. 99 per cent of the people attacked are Pulayas, Kuravas and other poor people. I do not think that malaria will be controlled by the departments or Government unless rations are distributed to these poor people. With these words, hoping that more vigorous steps will be taken by Government, I support the motion.

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Mr. M. N. Paramesvaran Pillai: Sir, I also support the motion. The honourable members from Neyyattinkara and Chirayinkil have given us graphic and vivid accounts of the gloomy picture of the sufferings of those unfortunate people in the malaria stricken areas of the Neyyattinkara, Nedumangad and Vilavankod taluks. All that is possible for human tongue to explain they have, of course, done but I am afraid they have not succeeded in correctly depicting the exact situation. To know the actual extent or magnitude of the woes and sufferings of those people one has necessarily to visit those centres.

We have, no doubt, heard of the manifold sufferings and distress of the people in Bengal and Ceylon owing to the frequent recrudescence of malarial fever in those regions; but this is the first time that in Travancore the disease has broken out in an epidemic form. The failure of monsoons, the unprecedented and scorching heat of this year and the wide-spread economic depression must certainly have been responsible for the spread of the infection in the epidemic form. According to official report more than twenty one thousand people are now down with this fever and more than 500 deaths have occurred till now. All the affected areas present an atmosphere of squalid distress and misery. It is indeed a deplorable and pathetic sight to see every hamlet and every squalid hut in those villages, practically without any sign of life or human activity. In very many places we find whole families suffering under the malignity of this fever, without anybody to attend upon them. They have neither food nor clothing and as the effect of the disease and of chill penury they are shivering to death. It is not quinine or any other medicine that they mostly stand in need of, but it is food which they badly require and which alone will give them sufficient strength and vitality to resist the virulence of the disease. When the hungry wolf howls they now keep him satisfied either with jack fruits or mangoes or even tapioca, and it is no wonder that the epidemic, instead of showing signs of abatement, continues to have its uninterrupted sway with redoubled virulence. When thousands of people are suffering like this we cannot but accuse the Government of their bucolic indifference. Sir, at the expense of the taxpayers, the Government are maintaining the Medical and the Public Health departments with its appendage of Health Units; the office of the Protector of Depressed Classes and ever so many agencies for emptying the treasuries; but what tangible good are they really doing to ameliorate the condition of these suffering people? It was indeed a painful surprise to learn that even the ravages of this epidemic were first brought to the attention of our Government only by the reports which appeared in the columns of the Madras

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[Mr. M. N. Parameswaran Pillai.]

newspapers. Does it not reveal the colossal and supreme indifference of our departments? Sir, I know that the Government of Travancore were keenly alive to their duty and sense of responsibility, when the whole of North Travancore was affected with the unprecedented floods of 1099. Then again, those honourable members who reside in this town may know what our late Dewan Mr. Watts did when Thiruvallam and other places were affected with floods. His sense of duty and responsibility was so great that the serious illness of his beloved mother did not in the least stand in the way of his visiting the flood affected areas. So also, in 1108 when the Killi river threatened to invade this capital city, Mr. Austin, the then Dewan, could be seen everywhere, even very late in the night always ready to console the people and to render timely help to them. In those days I heard him once saying to the Executive Engineer that if the banks of the Killi river near the Bridge were allowed to be corroded by water he would certainly lose his job. But what about the present Government? It is heartless, unsympathetic and inhuman. Pardon me, Sir, for indulging in such strong words; they are but the expressions of strong feeling. Sir, I believe I will not be taken to be casting aspersions on anybody personally. Far from that is my intention. I do not for a moment expect, nor for the matter of that any of you would expect, our old and venerable Dewan to go and risk his life by exposing himself in those malarial regions. But I have a very serious and legitimate complaint to make and I am certain that every one of my Honourable friends on this side of the House shares with me in feeling that the present Government have not risen to that height of magnanimity and benevolence which are certainly expected of them, in rendering adequate and appropriate reliefs for the amelioration and protection of the malaria and famine stricken people.

Now, as the result of representations Government have sanctioned for relief work Rs. 1,000, for Neyyattinkara; Rs. 500, for Nedumangad and another sum of Rs. 500 for Vilavancod. When thousands and thousands of people are reduced to appalling misery and are suffering and starving to death, what real relief could be done with these paltry sums? I think our Government should feel ashamed of their own action. When we find our Government spending—nay sometimes wasting—the hard earned money of the poor tax payers in ever so many unprofitable, useless and questionable ways and exhibiting such callous and indifferent or reluctant mentality, when it comes to a question of helping the people out of such situation, our hearts really burst with sorrow and righteous indignation; and I have no hesitation to point out that the Government must thank their own stars if suspicion, ill-feeling and discontentment grow in the minds of the people.

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Thanks to the noble endeavours of such public spirited men like the honourable member for Neyyattinkara cum Nedumangad, several non-official committees have been organised in various places to collect funds and provisions for distribution among the suffering people ; but in spite of their best and untiring efforts they have not been able to meet the entire demand created by the present situation. They have not been able to give more than one *Nali* of rice to an adult and half a *Nali* to a child per day, and even at this rate the help could not be extended to all the deserving.

We piously hope that Government would soon wake up from their slumber and shake off their supine indifference and come to the rescue of those miserable people with liberal and substantial contributions. With these words, I heartily support the motion.

Mr. Kochikal P. Balakrishnan Tampi : Sir, I rise to speak a few words in this connection. I find no reason to congratulate Government on their magnificent relief operations when thousands and thousands of people are afflicted with this dire malady. In my opinion Rs. 500 and Rs. 1,000, are not adequate sums. It has been made abundantly clear, although it is not one of the causes, at any rate, that hunger is one of the predisposing conditions and certainly people would not have been so much afflicted with this malaria, if ample provision had been made for feeding those who are afficted by this disease. Now thanks to the form of Government of Travancore—a responsible Government, I may say, in a civilized state, could not have survived for 24 hours if that Government had been supremely indifferent to the lot of the people who are affected by an epidemic. When our Government is editing communiques and statements and counterstatements and makes the town most modern with an aerodrome—and that with certified expenditure—it is a sad commentary on the administrative ability of the State that thousands are suffering. Travancore contributes to the distant Red cross fund ; but contributes but little for the relief of the people here. One is reminded of the man in Sterne's sentimental journey who coolly allows his mother to die of starvation at home. That is the attitude of our Government. It is one thing to have a most up-to-date Government exhibiting its glorious achievements to the outside world by providing the most modern amenities. But another thing to look to the safety of the life and property of the citizens. Life of a citizen is more sacred than providing for modern amenities. Though it is not relevant, by way of illustration I can say, many people are not dying for want of an aerodrome or an aeroplane. For that scheme, the Government have done a lot of things, purchase of a large area of lands, construction of roads and buildings etc. proceed

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[Mr. Kochikal P. Balakrishnan Tampi.]

apace. All these things are allowed under the heading; "certified expenditure" because the State must be modern at any cost. When a visitor comes, he lives in the Mascot Hotel where all comforts and up-to-date amenities are afforded to him. He finds as if he were in Paris or in some other wonderful place on the face of the earth. Look at the condition of the citizens here, the poor folk who are suffering from malaria. Perhaps Travancore Government is a Hindu Government. A Hindu believes in the transmigration of souls. He takes everything in a philosophical attitude. What does it matter if a few hundreds pass from one existence to another! By this I do not cast any reflection on the noble efforts of the Director of Public Health and his band of workers. Under the conditions and with the budget amount at their disposal they are certainly doing admirable and heroic work. I may congratulate the Darbar Physician, though it is not strictly within his jurisdiction, for co-operating with the Director of Public Health in combating this disease. I would only appeal to Government to set apart more handsome allotments for relief purposes in connection with the prevention of malaria. It is not a local grievance or a territorial grievance. It is a menace to South India. The malady is near Trivandrum and if Trivandrum is going to be affected I refuse to conjecture the horrible consequences that might ensue. In the name of all that is sacred, in civilisation, humanity, and administrative well-being, I appeal to Government not to be niggardly but to put their hands deep into their pockets and make handsome donations in protecting precious lives. There need be no attempt for swelling up administration reports. We should make real and earnest endeavours to combat the disease by making handsome allotments, not only distribute quinine but also see that the poor people are properly fed and clothed.

I am not competent to speek about the therapeutic value of medicines. My non-official friends in their enthusiasm condemned the uses of quinine. It is for the Director of Public Health and Dr. Simpson to say about the qualities of medicines and the proper administration of the same. It is very clear from the conditions now prevailing that the Government are not doing what they ought to. For instance, I myself went to Kulasekaram and in the hospital I saw compounders and the other staff affected by malaria. As for the condition of that hospital I may say that it is merely a thatched shed with very bad flooring. All the people in the hospital were literally suffering.

At such a period as this when thousands are suffering what are our Government doing? Yes, Sir, they will have an aerodrome!

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Mr. J. John Kattakayam: സർ, ദക്ഷിണതിരുവിതാംകൂറിലെ മലമ്പനിബാധയെ സംബന്ധിച്ചടത്തോളം ഒരു സ്ഥൂലമായജ്ഞാനം എന്റെ മാന്യസ്നേഹിതന്മാർ ഇവിടെ നൽകികഴിഞ്ഞു. ഞാൻ ഇവിടെപറയുന്നതു ഉത്തരതിരുവിതാംകൂറിൽ മലമ്പനി ബാധിച്ചിട്ടുള്ള ചില സ്ഥലങ്ങളെപ്പറ്റിയാണ്. മൂവാറുപുഴ, തൊടുപുഴ ഈ താലൂക്കുകളിലെ ചില പ്രദേശങ്ങളിൽ മലമ്പനി ധാരാളമായിട്ടുണ്ട്. തൊടുപുഴതാലൂക്കിലുള്ള കാരിക്കോട്ട, കരിമണ്ണൂർ മുതലായ പകുതികളിൽ മലമ്പനി വളരെ അസഹ്യമായി തീർന്നിരിക്കുന്നു. ഇവിടങ്ങളിൽ മലമ്പനി അനവധി അകാലമരണത്തെപ്പോലും ഉണ്ടാക്കിതീർത്തിരിക്കുന്നു. കാരിക്കോട്ട, കരിമണ്ണൂർ മുതലായ ചില പകുതികളിലെ മരണക്കണക്കിലേക്കു ഗവണ്മെൻറിന്റെ ശ്രദ്ധയെ ആകർഷിച്ചുകൊള്ളുന്നു.

Chairman: തൊടുപുഴതാലൂക്കിലെ മലമ്പനിയെപ്പറ്റിയുള്ള മോഷൻ ഇവിടെ അനുവദിച്ചിട്ടില്ല.

Mr. J. John Kattakayam : ഈ മോഷനിൽ അതുകൂടി പറയാമെന്നുള്ള വിചാരത്തിലാണ് അതനുവദിക്കാത്തതു. അതുകൊണ്ടു ഈ സംഗതി ഇവിടെ പറയാമെന്നാണ് എന്റെ അഭിപ്രായം.

ആ ഭാഗത്തുള്ള മരണക്കണക്കു വരുത്തിനോക്കിയാൽ എത്രയധികം ജനങ്ങളാണ് മലമ്പനിനിമിത്തം നിയ്യാതരായിതീർന്നിട്ടുള്ളതെന്നു കാണുവാൻ കഴിയും. ഏകദേശം ഒരു ലക്ഷത്തോളം ജനങ്ങളധിവസിക്കുന്നതും ഈ സംസ്ഥാനത്തിലെ മറ്റു ചില താലൂക്കുകളെ അപേക്ഷിച്ചു ഏഴുമടങ്ങു വിസ്തീർണ്ണമുള്ളതും ആയ തൊടുപുഴതാലൂക്കിൽ ഒരുഡിസ്പെൻസറിയാണുള്ളതു്. താലൂക്കിലെ ഒരു സ്ഥലത്തുനിന്നും അത്തിസ്ഥലത്തെയ്ക്കു പോകണമെങ്കിൽ ര ാ മയിൽ ദൂരം ഉണ്ട്. ഈ സ്ഥലങ്ങൾ പ്രായേണ മലംപ്രദേശങ്ങളാകയാൽ ജനങ്ങൾ രോഗബാധിതരായി യാതൊരുതൊഴിലും ചെയ്യുവാൻ നിവൃത്തിയില്ലാതെ അലഞ്ഞുതിരിഞ്ഞു കഷ്ടപ്പെടുന്നുണ്ട്. ഗവണ്മെൻറിന്റെശ്രദ്ധ മലമ്പനി നിവാരണത്തിൽ പതിയാത്തതുകൊണ്ടു ഡർബാർ ഫിസിഷ്യനും പബ്ലിക്ക് ഹെൽത്തുഡയറക്ടർക്കും ഞാൻ എഴുതി അയക്കുകയും പബ്ലിക്ക് ഹെൽത്തു ഡയറക്ടർ അവിടെവന്നു വേണ്ടതു പ്രവൃത്തിക്കയും ചെയ്തു. അദ്ദേഹം അവിടെ ചെയ്തതു രണ്ടുകുപ്പി കിനയിൻ പിൽസു വിതരണമാണു്. അദ്ദേഹം കോട്ടയത്തച്ചു ദിവസംതന്നെ അതുതീർന്നു. അതിനു ചിലവാക്കിയിട്ടുള്ള പണംകൊണ്ടു സാക്ഷാൽ കിനയിനയിൻ വാങ്ങിച്ചിരുന്നാൽ അനേകംപേർക്ക് കൊടുക്കാൻ കഴിയുമായിരുന്നു. വൈദ്യവിദഗ്ദ്ധന്മാര

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[Mr. J. John Kattakayam.]

ല്ലാത്തവർ രോഗികൾക്കു കപിയിനിയൻ കലക്കികൊടുക്കുന്നതു അപകടമാണു് എന്നും എനിക്കുസ്വന്തം അനുഭവത്തിൽനിന്നും മനസ്സിലായി. ഞാൻ മലംപ്രദേശത്തു താമസിക്കുന്നവനും അനേകം തവണ മലംപനിയോടു പോരാടിയവനുമാണു്. ഉത്തരതിരുവിതാംകൂറിലെ മലംപ്രദേശങ്ങളിൽ കൊളുകിന്റെ ഉപദ്രവമാരംഭിക്കുന്നതു മീനം മേടം മാസാരംഭത്തിലാണു. പുതുമഴ തുടങ്ങുന്നതോടുകൂടിയാണു മലമ്പനി ഉണ്ടാകും. നെയ്യാറിൻകര, തൊടുപുഴ ഈ താലൂക്കുകൾ മലംപനിക്കു പ്രസിദ്ധപ്പെട്ട സ്ഥലങ്ങളാണു് എന്നു ഫിനാൻഷ്യൽ സെക്രട്ടറിയുടെ കഴിഞ്ഞതവണത്തെ ബഡ്ജറ്റു് പ്രസംഗത്തിൽതന്നെ പറഞ്ഞിരുന്നു. കപിയിനാ കൊടുക്കുന്നതുകൊണ്ടു പല വിഷമതകളുമുണ്ടു്. ഞാൻ ഒരിക്കൽ ഒരു ഗർഭിണിയായ രോഗിക്കു കപയിനാകൊടുത്തു; തന്നിമിത്തം ഗർഭം അലസിപോയി വളരെ കഷ്ടപ്പെടേണ്ടിവന്നു. ഞാൻ ഇതിനെപ്പറ്റി ഡാക്ടരോടു ചോദിച്ചപ്പോൾ ഡാക്ടർ അതു വലിയതെറ്റായിപോയി എന്നു പറഞ്ഞു.

Mr. A. N Visvanatha Pillai : ഗർഭം അലസിപ്പിക്കുന്നതു ശിക്ഷാർഹമാണെന്നു മെമ്പർ ധരിച്ചിട്ടുണ്ടോ?

Mr. J. John Kattakayam : അങ്ങനെ ചെയ്യണമെന്നുള്ള ദുഷ്ടവിചാരത്തോടുകൂടി പ്രവർത്തിക്കുന്നവരേ അതു ബാധിക്കുകയുള്ളു. ഇതു തൊഴിലായിട്ടു വച്ചുകൊണ്ടിരിക്കുന്നവർ മനുഷ്യാധമന്മാരാണു്. അവരെ ഗവണ്മെൻറു കഠിനമായി ശിക്ഷിക്കണം.

Chairman: നെയ്യാറിൻകര താലൂക്കിലെ മലംപനിയെപ്പറ്റി ഇതുവരെയൊന്നും പറഞ്ഞതായി കാണുന്നില്ല.

Mr. J. John Kattakayam : തൊടുപുഴതാലൂക്കിലെ അനുഭവമാണു് ഞാൻ പറയുന്നതു്.

Chairman: ആ മോഷൻ അനുവദിച്ചിട്ടില്ല.

Mr. J. John Kattakayam: അങ്ങനെയാണെങ്കിൽ ദക്ഷിണതിരുവിതാംകൂർപോലെ മലംപനിയുള്ള സ്ഥലങ്ങളിലെല്ലാം ഗവണ്മെൻറുവേണ്ട സഹായം ചെയ്തുകൊടുക്കണം. ദക്ഷിണതിരുവിതാംകൂറിലെ മലംപനിയെപ്പറ്റി അസംബ്ളിയിൽ അടിയന്തിര പ്രമേയം ഉണ്ടായിരുന്നു അതു സംഗതിയിൽ ഏതാണ്ടു ഗവണ്മെൻറു പ്രവൃത്തിക്കയുംചെയ്തു. അതുപോരാ. ദക്ഷിണതിരുവിതാംകൂറിലെന്നപോലെ മദ്ധ്യതിരുവിതാംകൂറിലും, ഉത്തരതിരുവിതാംകൂറിലും ഹെൽത്തുഡിപ്പാർട്ടുമെ

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ൻറിന്റെ ശ്രദ്ധ അവിടേണ പതിയണം. അതിനുവേണ്ടി എന്തെല്ലാം നഷ്ടനഷ്ടം സഹിക്കേണ്ടിവന്നാലും അതൊന്നും വലിയകാര്യമായികരുതരുത്. ആഡംബരത്തിനുവേണ്ടിയും ആളിനുവേണ്ടിയും എത്രയെത്ര ഉദ്യോഗങ്ങളാണ് നമ്മുടെ ഗവണ്മെൻറ സൃഷ്ടിച്ചുപോരുന്നത്. എന്നാൽ ഈ സംഗതി അതിലെത്രയെത്ര അടിയന്തിരവും അത്യാവശ്യമായിട്ടുള്ളതാണ്. ഇക്കാര്യത്തിൽ ഗവണ്മെൻറിന്റെയും ഡിപ്പാർട്ടുമെൻറ മേധാവികളുടെയും ശ്രദ്ധ കഴിയുന്നതും വേഗത്തിൽ പതിയണമെന്നപേക്ഷിച്ചുകൊണ്ട് എന്റെ പ്രസംഗത്തെ ഉപസംഹരിച്ചുകൊള്ളുന്നു.

Rao Shaib Dr. N. Kunjan Pillai: Sir, my object in standing up now is not to explain the technical side of the measures that the Government are taking to combat the serious outbreak of malaria epidemic. I only want to say just a few words to show that Travancore Government is certainly not so inhuman, so brutal, so unsympathetic as has been depicted by some of my hon'ble friends on the other side of the House. I fully appreciate their sentments and their sympathy for the sufferers. But I am afraid they have been carried away by their sympathy and their enthusiasm in pleading for the suffering people. Have Travancore Government shown such callousness, such indifference as has been attributed to them by some of my hon'ble friends? What have the Government done? As soon as they heard of the out-break of the epidemic they directed the Director of Public Health and the Darbar Physician to visit the affected localities and take all necessary steps to combat the disease. Hon'ble members are aware that the places in which the epidemic first brok out are localities where malaria is ordinarily prevalent. Kunnattukal, Ottasekaramangalam and other places in Neyyattinkara taluk are usually malarial places. This year also there were a few stray cases of the epidemic on account of the extraordinary heat and drought and certainly Government had no information at that time that it was going to be a serious outbreak as it has turned out to be. When the seriousness of the epidemic came to the notice of the Government they took prompt measures and directed their officers to do all that is possible. My friend Mr. Gopala Pillai will explain what his department has done and Dr. Simpson will explain what his department has done. Though these departments are independent of each other the officers of the two departments worked in harmonious co-operation with the sole object of combating this fell disease.

Mr. M. N. Paramesvaran Pillai: May I know whether the sums allotted for Neyyattinkara are sufficient?

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Rao Shaib Dr. N. Kunjan Pillai : I am coming to that. Dr. Gopala Pillai will speak on other points. He will deal with the number of treatment centres opened, the number of men employed, and the number of officers engaged in visiting the affected villages and distributing quinine and other medicines.

Regarding the measures of relief a resolution was passed by a non-official committee at Neyyattinkara and was forwarded to Government. That resolution required that Government should sanction Rs. 2,000 towards the relief of the affected people.

Mr. M. N. Paramesvaran Pillai : May I know the date?

Rao Shaib Dr. N. Kunjan Pillai : I am not sure of the date.

Mr. M. N. Paramesvaran Pillai : How many weeks ago?

Rao Shaib Dr. N. Kunjn Pillai : A few weeks ago. The resolution was forwarded to the Government. From their experience of the past Government thought that it would not be prudent to give money straightway without enquiring how the money was going to be spent by the non-official committee. At their instance the Director of Public Health went to Neyyattinkara, met the non-official members and ascertained how they proposed to spend the money. The committee was composed of influential men including the local medical officer and the Tahsildar. The Director reported that the money could be entrusted to the committee. They asked for Rs. 3,000 and Government sanctioned Rs. 2,000.

Mr. M. N. Paramesvaran Pillai : May I correct the member? Only Rs. 1,000 was sanctioned for Neyyattinkara.

Rao Shaib Dr. N. Kunjan Pillai : Rs 1,000 for Neyyattinkara, Rs. 500 for Nedumangad and Rs. 500 for Vilavankod.

Mr. M. N. Paramesvaran Pillai : Did Relief Committees ask for money at other places?

Rao Sahib Dr. N. Kunjan Pillai : The Committee asked for Rs. 3,000 for Neyyattinkara, and Government sanctioned Rs. 1,000 for that taluk. After spending Rs. 1,000 if the Committee wanted more they could have applied to the Government. Mr. N. K. Krishana Pillai and Mr. M. N. Paramesvaran Pillai came to me the other day for subscription and what did I say at that time? I said "If you want more money, please apply and you will get it". Why did not Mr. Krishna Pillai write for more money? The day before yesterday I received a letter signed by Mr. Krishna Pillai and some others applying for an additional amount. Government are not lethargic. They are as solicitous and as mindful of the interests of the suffering people as the hon'ble members on the

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other side of the House are. Only tell us what you want. Yesterday the letter came to me and I may say that Government are prepared to sanction more money. Mr. K. P. Nilakanta Pillai who represents Nedumangad--Mr. S. J. Nair is not here--sent me a letter yesterday or the day before pointing out the irregularities in the distribution of rice in his taluk. Government have asked the local Peishkar to enquire into the complaints and submit a report. The people of Neyyattinkara seem to be more public spirited than the people of Nedumangad. There is no committee in Nedumangad. Why not you form a small committee as in Neyyattinkara ?

Mr. Kochikal P. Balakrishnan Tampi : Should not the member address the Chair ?

Rao Shaib Dr. N. Kunjan Pillai : I am sorry. Why not the Nedumangad people also form a small committee ? Government will ask the local medical officer and the Tahsildar to be members of the committee. Government do not want to stint expenditure. But let them have the satisfaction that the money they give will be properly spent. If you form a committee and ask for money I assure you on behalf of Government that you will have it.

Mr. M. N. Paramesvaran Pillai : Is it because that the non-official members did not move that the Government have been idle ?

Rao Shaib Dr. N Kunjan Pillai : Government have not been idle. Tney have taken all the steps that are necessary. I want the non-official members to co-operate with the Government and not simply accuse them of all sort of imaginary charges. Why not extend your hand of co-operation ? You are doing nothing. Government are here to help you. I do not say that Government will act only when the move comes from the non-officials. I can assure the House that sufficient money will be given provided Government have the satisfaction that it will be spent properly and usefully.

Mr. M. N. Paramesvaran Pillai : Were the Government aware that more funds were necessary for the distribution of rice ?

Rao Shaib Dr. N. Kunjan Pillai : I am told that there are hundreds of bags of rice lying at Neyyattinkara undistributed.

Mr. M N. Paramesvaran Pillai : May I know whether these bags are supplied by Government or by somebody else ?

Rao Shaib Dr. N. Kunjan Pillai : Not only by Government but by the charitable public also.

Dr. M. K. Gopala Pillai : Sir, from the speeches made on the floor of this House, it would appear that the situation is very

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[Mr. D. K. Gopala Pillai.]

grave. But from the reports that were received from the field, I can assure the honourable members of the House that the condition is getting better everyday. Last week we had about 8,000 new patients. This week we have only 4,000 patients and I can further assure the members that the situation as it is in Neyyattinkara, Vilavancode and Nedumangad taluks is well under control. There is no room for any panic as some members apprehend. The situation this year is on account of the peculiar condition due to several meteorological influences and that will not recur for another 10 or 12 years. At least we shall hope so. Some members also remarked that there was no malaria in such form in Travancore before. In 1092 there was a very similar epidemic during which many deaths occurred. I compared the other day in the other House the situation in Travancore with that in Ceylon. The epidemic that we have in this country is very much milder than what it is in Ceylon where the death rate was about 17 or 20 per thousand whereas in Travancore it is only 4 per thousand.

Mr. M. N. Paramesvaran Pillai: May I know from the member whether it is a consolation for Government?

Dr. M. K. Gopala Pillai: Indeed, it is a very great consolation for those who attend to the epidemic work.

Mr. Kochikal P. Balakrishnan Tampi: Is it not merely providential?

Dr. M. K. Gopala Pillai: No, it is on account of the timely treatment that is given.

As I said, there is no room for panic that it will spread to Trivandrum and other un-affected areas. We had no report so far from any part of Chirayinkil taluk as to the prevalence of malaria there. I had myself been to Chirayinkil, Kilimanur and other places and nobody ever owned that there was any case of malaria anywhere there and I do not know from what source the member for Chirayinkil had information as to the threatened outbreak in Chirayinkil.

Mr. K. P. Nilakanta Pillai: I believe the Director of Public Health knows that there are cases in Vamanapuram and in Pulimath and that Pulimath pakuthy is within the Chirayinkil taluk.

Dr. M. K. Gopala Pillai: But the Public Health Department has no information so far.

Mr. M. N. Paramesvaran Pillai: May I know from the member whether Kulasekharamangalam is a malaria stricken area? The Chief Secretary was saying that that area was a malaria stricken area.

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Rao Sahib Dr. N. Kunjan Pillai : I am sorry. I meant Ottasekharamangalam.

Dr. M. K Gopala Pillai: With regard to Nedumangad, anybody can apprehend malaria danger because certain parts have been chronic endemic centres for malaria for years. In particular parts of Vidura we do not apprehend the danger. Further, the death rate there was much less than in Neyyattinkara. In Neyyattinkara, the death rate was comparatively higher in parts of Kunnathukal pakuthy, and Perumkadavila pakuthy where malaria infection spread very recently ; but in Ottasekharamangalam, Kaliyal and other places, the death rate is not at all high. The accounts that were heard from some members are exaggerated. We could not expect anything better from the generous minded and enthusiastic lay public. But I can assure them from a public health point of view that the situation is not at all serious. With regard to Kulasekharam we have been able to control malaria there because we have been distributing quinine to every inhabitant of the place for the last one year. In fact malaria was brought to the notice of the public on account of our propaganda. We are responsble for bringing this disease to public notice. Last year and years before, the same state of affairs prevailed and nobody thought of enquiring or taking up the matter before the Council till now.

Mr. S. Piraviperumal Pillai : May I know from the member why these things were not brought to public prominence last year ?

Dr. M. K. Gopala Pillai : I said that the members did not bring it up to the public notice and not I. We were taking due preventive measures all this time.

Mr. Komilezhathu Sankaran (*Nominated*): May I know from the member the nature of the preventive measures taken up ?

Dr. M. K Gopala Pillai: We have been distributing quinine and that is the only specific for suppressing malaria

Mr. Komilezhathu Sankaran : May I know whether it is a preventive measure ?

Dr. M. K. Gopala Pillai: It is also a preventive measure during epidemics.

Mr. Komilezhathu Sankaran : May I know the actual preventive measure adopted by the Public Health Department ?

Dr. M. K. Gopala Pillai: Quininisation as a personal prophylactic I must say.

Mr. M. N. Paramesvaran Pillai: May I know whether Government have got sufficient stock of quinine for distribution ?

Dr. M. K. Gopala Pillai: Government have enough stock. The Darbar Physician was pleased to place at my disposal

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[Dr. M. K. Gopala Pillai.]

all the available quinine that he had in stock. I must also say that the Darbar Physician co-operated very much with us and he always placed at my disposal all the quantity of quinine and he was also ready to open dispensaries wherever they were found necessary.

With regard to the treatment centres I must assure the House that in no other part of India or malaria-stricken country such an organised method was adopted by Government. In Ceylon, where heroic efforts are said to have been made, there was only one treatment centre for a distance of every three miles. But in Neyyattinkara taluk we had a treatment centre at every mile so that people had to walk only half a mile to either side for getting medicine. In no other place such an intensive institution of treatment centres was established at any time before.

Mr. Komilezhathu Sankaran : May I know from the member the nature of the work for the prevention of malaria ?

Dr. M. K. Gopala Pillai : I was explaining to the members the nature of the work that is being done now.

Mr. Komilezhathu Sankaran : Not here, I suppose.

Dr. M. K. Gopala Pillai : It was here that the explanation of the work was given. We are doing all this work and the member for Nedumangad has been justifying the work that we had done in that taluk.

For every area covered by a radius of one mile we have instituted a treatment centre. With regard to the treatment centres I have to say that for those people who are not able to come to the centres, we are taking quinine mixture to the very doors of the sufferers and I do not know whether such a system has been adoptd in any other country.

Mr. A N. Visvanatha Pillai : ആ പ്രദേശങ്ങളിലുള്ള കൊളുകിനെ പിടിച്ചു പരിശോധിച്ചിട്ടുണ്ടോ?

Dr. M. K. Gopala Pillai: വേണ്ടതുപോലെ പരിശോധിക്കുന്നുണ്ട്.

Mr. K. Madhavan Pillai (*Trivandrum*) : May I know from the member the value of the quantity of quinine distributed ?

Dr. M. K. Gopala Pillai : About Rs. 10,000. The Government have been watching the situation with very great anxiety and solicitude and they have been pleased to accord immediate sanction for whatever proposals we submitted to them for their kind approval and I must thank the Government for responding to our request immediately. Our requests were promptly sanctioned and

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we have been able to get quinine and also other requisites. Government have also given us many other conveniences so that the suffering people have benefited considerably. Even after medical relief began to make headway there was lately some increase in the number of patients because when we began to give relief to people which was in the shape of rice, more people came to the treatment centres and people who were not suffering from fever at that time also came and we took that opportunity to give them some quinine so that they might not get fever a second time.

Mr. M. N. Paramesvaran Pillai: May I know from the member whether quinine mixture is the only method of treating malaria?

Dr. M. K. Gopala Pillai: For malaria quinine is the only specific.

Certain members remarked that we got the information about the epidemic from Madras newspapers. I am sorry that the remark is not right because we started treatment in last Makaram and we do not know whether this appeared in any newspapers from outside. Even in Makaram when we began to get reports from certain non-official bodies we hastened to the spot, made enquiries and freely distributed quinine. There are instances of pills of quinine that were freely distributed having been sold for one chuckram or one and a half chuckram per pill so that we lost faith in such kind of public workers who came forward to assist in quinine distribution.

Mr. M. N. Paramesvaran Pillai: May I know from the member whether it is a fact that Government asked the Public Health Department to supply statistics regarding malaria and the department did not do so?

Dr. M. K. Gopala Pillai: There is no foundation for that belief.

If quinine had not reached even the distant homes the matter would have been worse. When more doses than were actually required at the time of dispensing were entrusted, certain patients used to sell that quinine and thereby we suffered some loss also.

Mr. Kochikal P. Balakrishnan Tampi: Was it to appease hunger that it was sold?

Dr. M. K. Gopala Pillai: Whatever the reasons be, that practice was not proper.

Mr. P. Padmanabhan Tampi: May I know whether it is used for fever or for some other purpose?

Dr. M. K. Gopala Pillai: The quinine that we gave them was for fever. I do not know for what purpose it was sold.

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Mr. P. Padmanabhan Tampi: Is it useful for any other purpose?

Dr. M. K. Gopala Pillai: I do not know whether I shall be justified in describing the various actions of quinine in this House.

Mr. A. N. Visvanatha Pillai: കിനിയൻ ഉപയോഗപ്രദമുള്ള ദോഷങ്ങളെപ്പറ്റി പറയാമോ?

Dr. M. K. Gopala Pillai: കിനിയൻ ഉപയോഗിച്ചാലുള്ള ഗുണങ്ങളെപ്പറ്റിയാണ് ഇപ്പോൾപറയുന്നതു്.

Mr. S. Piraviperumal Pillai: May I know from the member whether quinine is a medicine for abortion?

Dr. M. K. Gopala Pillai: That is a medico-legal question which I do not think I shall be justified in answering.

Chairman: You need not answer that question.

Dr. M. K. Gopala Pillai: For the reasons I have already given we are not able to freely distribute quinine to every house.

Mr. Komilezhathu Sankaran: I was asking about the preventive measures. I want to know whether the doctors have got any medicine to be used as a preventive measure. The member was speaking, I believe, of remedial measures.

Dr. M. K. Gopala Pillai: We are developing a scheme for preventive measures.

Mr. Komilezhathu Sankaran: I want to know whether he has any preventive measure to suggest and whether his department was moving in that direction?

Chairman: The question is being answered.

Mr. P. Padmanabhan Tampi: The question was not answered.

Chairman: The question was being answered. I thought Dr. Gopala Pillai was interrupted in the middle of a sentence.

Dr. M. K. Gopala Pillai: We have in mind certain other preventive measures but during this epidemic time we are using only quinine. There are certain other measures which are also preventive and which aim at the destruction of mosquitoes and larvae.

Destruction of mosquitoes is an important preventive measure.

Chairman: You have already spoken of the preventive scheme.

Dr. M. K. Gopala Pillai: Yes, Sir. We are now developing a scheme for preventing the recurrence of malaria.

Mr. Komilezhathu Sankaran: May I know from the member whether his department has been doing anything in that direction?

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Dr. M. K. Gopala Pillai: The department has been carrying on investigations. We are now trying to develop a preventive scheme as I have already stated.

With regard to malaria in Nedumangad it has been chronic in certain parts there. There was an understanding that rice should not be distributed to patients who do not show any immediate sign of distress. This is the reason why a member made a statement that rice was not freely distributed. The Durbar Physician and myself went to Palode and visited the hospital there and got the statistics regarding the attack of malaria in that place.

Mr. A. N. Visvanatha Pillai: ഒരു ഇൻഫെക്ഷൻ ഉണ്ടായാൽ എത്ര ദിവസത്തിനകം മലമ്പനിവരും?

Dr. M. K. Gopala Pillai: മലമ്പനി പകർത്തുന്ന കൊതുകു കടിച്ചു ൻ മുതൽ ഒ ഫ ദിവസത്തിനകം പനിവരും.

Mr. A. N. Visvanatha Pillai: അതിനു പ്രിവെൻറീവ് കോർസസ് ഒന്നുമില്ലേ

Dr. M. K. Gopala Pillai: കിനിയൻ സേവിക്കുന്നതുകൊണ്ട് മലമ്പനിയുണ്ടാകാതെ സൂക്ഷിക്കുന്നതിനു ഒരു ഉത്തമമായമാർഗ്ഗമാണ്.

Mr. J. John Kattakayam: മലമ്പനി വന്നാൽ സ്പ്ലീൻ ഉണ്ടാകുമോ?

Dr. M. K. Gopala Pillai: മലമ്പനിയുടെ complication ആണ് spleen.

So it was not meant to distribute rice indiscriminately to every one who came for that. We have distributed rice to 8000 patients out of a total number of 20,000. That means a little more than 40 per cent. of the patients were given relief. When that is the case I do not know whether the statement made by the member can be justified.

Mr. Komilezhathu Sankaran: May I know from the Director of Public Health whether the distribution of rice was done both to the poor and rich alike?

Dr. M. K. Gopala Pillai: Naturally the rich man is ashamed to receive the doles. This was meant only for absolutely poor people. And further, there is another difficulty. I enquired even this morning and it was brought to my notice that the grant sanctioned by the Government was about to be finished in the taluk of Neyyattinkara. There is, however, a balance of Rs. 300 in respect of Vilavancode and Rs. 250 for Nedumangad. As far as Neyyattinkara is concerned they purchased rice.....

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Mr. K. P. Nilakanta Pillai: May I know from the member whether he will be pleased to go and enquire the conditions in Palode, Kilimanoor and other places and know whether there was any distribution of rice there from the 9th of this month?

Dr. M. K. Gopala Pillai: We had been waiting for reports from all affected places and I have received no reports from the places mentioned by the honourable member.

Mr. K. P. Nilakanta Pillai: May I know whether a dispensary has been opened and a doctor has been appointed there?

Dr. M. K. Gopala Pillai: I have already told the House about the condition in Palode, Vithura, etc.

Mr. M. N. Paramesvaran Pillai: May I know whether it is the opinion of the learned member that patients who are in chronic stage need not be given any relief?

Dr. M. K. Gopala Pillai: No; more relief centres are being opened to cope with the needs of all the patients, whether chronic or not.

Mr. K. P. Nilakanta Pillai: May I know from the member when he visited Palode with the Durbar Physician?

Dr. M. K. Gopala Pillai: About two or three weeks ago.

Mr. K. P. Nilakanta Pillai: May I know from the member whether he gets any first-hand information about the conditions in Palode and other places such as Vamanapuram and Kilimanoor after the 9th of this month?

Dr. M. K. Gopala Pillai: I am getting weekly reports from Palode.

Mr. K. P. Nilakanta Pillai: May I put one question more? When I made a visit to Palode on the 10th I found that there was not a single grain of rice in the hospital and people were complaining and as a matter of fact I found a malaria patient lying on the main road unconscious and unattended to. I challenge the Director of Public Health to vindicate himself?

Dr. M. K. Gopala Pillai: Sir, I have not till now received any report as to any virulent spread of malaria in Palode. And Palode is free from epidemic malaria. If the member saw stray cases as he refers to I shall call for reports on the same.

Mr. K. P. Nilakanta Pillai: May I know from the member whether the daily attendance in the Palode hospital has come to a number of 150?

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Dr. M. K. Gopala Pillai: That was not so when I was there. But conditions might have changed. Reports do not, however, show any change. There was a balance of Rs. 250 and people are not coming forward.

Mr. M. N. Paramesvaran Pillai: How much time was taken to distribute Rs. 300.

Dr. M. K. Gopala Pillai: The money was available long ago. There was no demand and so there must be delay in the distribution also. Had it not been for the organised effort by the officials and non-officials alike in Nedumangad and Neyyattinkara taluks I do not know whether the spread of malaria could have been controlled. The number of attacks has now fallen from 8900 to 4500. That must be certainly consoling to the members of this House and with the change of meteorological conditions, there will be no fear of any further spread of the epidemic. I hope that the present virulence of the attack will be brought down to the normal stage within 15 or 20 days. But we are anxious to keep as much quinine in stock as possible. People getting relapses come forward and when quinine is administered to them they get better within two or three days.

Mr. A. N. Visvanatha Pillai: കിരിയാത്തു മലമ്പനിക്കു ഒരു നല്ല മരുന്നാണെന്നുള്ളതു് അറിയാമൊ?

Dr. M. K. Gopala Pillai: അതിനെപ്പറ്റി അറിഞ്ഞുകൂടാ.

Mr. A. N. Visvanatha Pillai: അതിനെ ആനലൈസ് ചെയ്യുന്നോക്കിയിട്ടുണ്ടൊ.?

Dr. M. K. Gopala Pillai: ആനലൈസ് ചെയ്തിട്ടില്ല.

Mr. A. N. Visvanatha Pillai: മലമ്പനിക്കു പറ്റിയ ഔഷധമാണെന്നു് നാട്ടുവൈദ്യന്മാർ പറയുന്നതുകൊണ്ടു് അതിനെ ആനലൈസ് ചെയ്യുന്നോക്കാമൊ ?

Dr. M. K. Gopala Pillai: ആവശ്യമില്ലാതെ ആനലൈസ് ചെയ്യുന്നതു് എന്തിനാണു്?

Mr. Komilezhathu Sankaran: Is he prepared to do research work only when necessity arises?

Dr. M. K. Gopala Pillai: "*Kiriathu*" is never known to contain any remedial substance for malaria and that has not engaged our attention so far.

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[Dr. M. K. Gopala Pillai.]

So the conditions as they are at present are very satisfactory and there is no room for any panic. When the Dewan visited Neyyattinkara he kindly promised to do the needful and with the help of the officials and leading non-officials everything will be done to relieve the present distress. I must therefore inform the House that there is no necessity for complaining that the department or the Government has not done anything in the matter.

Chairman: Your time is up.

Mr. James Simpson: Sir, in view of the fact that the Government Bench have already answered the remarks made by the members of the opposite Bench regarding this question I wish to make only a few observations. As the Director of Public Health has pointed out we are dealing with known conditions in Travancore with regard to the spread of this epidemic. We are not dealing with any new calamity or catastrophe that has visited our State unawares. As we know, Travancore is bounded on the east by the Western Ghats stretching from Cape Comorin to the High Range. Along the foot-hills we have got an area which is malarially endemic. The people who live within this area have had malaria not now but for years. That is seen by the enlargement of their spleens and by their anaemic complexion. There are seasons in the year when these people get malaria. And that will be mostly in the hottest part of the year. But when the monsoons break up this malarial zone gets cleared of the germs and people find relief. But this year, on the other hand, we find that there has been a spread of the disease towards the west of the area. We find from 5 to 6 miles west from the endemic area the whole area has been covered by this epidemic. Now these people are new to it. The spread of the disease began towards the close of January or with the beginning of February. The medical officers said it was the usual thing. We really did not dream that we would have to deal with it in an epidemic form. We are told that malaria comes on in these localities year after year. When it came to the notice of the Public Health Department that the area was increasing, Government was immediately informed; and the Medical Department was asked for suggestions. Reports were obtained from the officers of the Public Health Department. The Medical Department called for statistics. We immediately sent medicines and men to Arumanai, Kulasekharam, Perumkadavila, Parassala, Nedumangad and Vidura. There was no daily dispensary at Vidura at that time ; there was only a bi-weekly dispensary. It was then about the end of February and the beginning of March ; and the statistics then collected showed that there were no alarming deaths, nor even an alarming number of patients.

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But, very soon afterwards, there was a definite increase in the number of cases in the belt of land normally considered non-endemic. In and around Neyyattinkara it had spread. In fact, in the Neyyattinkara town itself there were some cases. Even in our General Hospital, here in Trivandrum, we had one ward completely full of malarial cases. Of course, the patients did not belong to the Trivandrum town; they had come from neighbouring villages. When patients come to a hospital or dispensary, they cannot be turned out. We naturally take them in.

This was about 2 months ago. Dr. Sweet, our Honorary Advisor for Public Health, Dr. Gopala Pillai and myself then met together in a conference and decided that some emergency measures must be taken. The actual work was put in the hands of the Public Health Department. Action was also taken by the Medical Department. All the dispensaries in the areas usually malarial were given extra supply of quinine and were asked to collect statistics of malarial cases and the results of the treatment. Each medical officer had to send weekly statements to the Director of Public Health.

Mr. M. N. Paramesvaran Pillai: Will quinine serve as a preventive if administered before the attack?

Mr. James Simpson: There is some difference of opinion as to whether quinine is prophylactic or not. Personally, I think that the effect of quinine, when it is taken to the areas affected by malaria by persons going there is more psychical than physiological. Many persons take quinine with that object.

At the conference of the Honorary Adviser for Public Health, Dr. Gopala Pillai and myself, we decided that immediate steps must be taken. The Director of Public Health suggested that one of our experienced doctors from the Medical Department, must be deputed and a new dispensary must be opened outside Neyyattinkara and antimalarial drugs supplied. That was one of the first steps taken.

Then, as has been described by Dr. Gopala Pillai, we opened relief centres. But, the main difficulty in epidemics of this land is to distribute the medicine effectively and to see that it actually reaches the patients in the remote corners of the country. There is no use in opening a number of dispensaries at various centres. You really must have some method of distributing the medicines to the patients, by numerous peons or other agency. Certainly, the honourable members can render real help in that direction.

Sir, some members raised the question of the efficacy of quinine against malaria. Quinine has been, for the last nearly 80 years, the drug used in reducing fever. Even after the discovery of the malarial germ in mosquitoes, we still found that quinine was the

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[Mr. James Simpson.]

specific for malaria. It has been found that quinine is a specific drug for killing the malarial parasite. During recent years, several doctors have tried to prove the efficacy of synthetic drugs in fighting malaria. Some have obtained really good results. We, the Medical Department here, have also tried some of these synthetic drugs, atebrin and other drugs. But, in epidemics, when, as the honourable members have pointed out, there are 26,000 patients, it is perfectly dangerous to use drugs of a synthetic nature. They may have specific effect on the disease. But, certainly, they are dangerous to work with when the disease is in an epidemic form and mats treatment is necessary. If I have a malarial patient in my hospital, whom I can watch at least once or twice a day and observe complications, if any, I can try synthetic drugs. But, it would be dangerous, really, to think of distributing such synthetic drugs to thousands of people lying in out of the way and sometimes inaccessible places. These drugs are far too expensive. Certainly, I do not care for the money aspect at all in the present instance. But, as I said, it will be positively dangerous unless the patients could be individually kept under our personal observation for any complications. Quinine has always been our stand-by here; and the results have been good.

Mr. M. N. Paramesvaran Pillai: Which is more effective, to take quinine in water or to inject it?

Mr. James Simpson: Both methods are available. I find that quinine mixture containing hydrochloric acid is as efficacious as any other method. Injection has speedier action. That is all. It may speed up by about an hour or so.

Then, Sir, we may look at the brighter side of the epidemic. The figures are daily going down, as has been pointed out. We are now coming to the monsoon. If the monsoon sets in, there will be complete eradication of the disease, except for some sporadic cases.

Mr. K. P. Nilakanta Pillai: May I ask when the Darbar Physician expects the monsoon? (*Laughter*).

Mr. James Simpson: On the 15th of this Malabar month (*Laughter*).

Again, Sir, in about September we will come to a time when there will be a recrudescence, after the monsoon is over. What we have to do is to prevent that. I may say that we will be ready to counteract the recrudescence, if there is going to be any, especially since we have now known the centres where it is likely to recur.

Sir, the main criticism of the members was about the necessity for other methods of relief. As I pointed out at the outset, on account of the gradualness of the spread of the disease, it took time for us to discover that it was going to take an epidemic form, and then to take measures for relief and for medical aid. The Chief

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Secretary has explained the position fully. It was decided that the sum of Rs. 2,000, sanctioned by Government, must be made use of by the Division Peishkars under the directions of the Director of Public Health. Government certainly have done something. And the public of Neyyattinkara, under the control of the Relief Committee there, have done very good work. Other people also have contributed in money and in kind. The real point, when such serious things take place, an earthquake or an epidemic, is that the people of the country who are better off must come forward with help. It is also their duty to help their suffering brethren. Government have done something; and the Chief Secretary has kindly promised that Government are willing to do more.

About two months back, we visited Mr. Nilakanta Pillai's taluk; and we had a long stay there one morning. We took seven patients at random and tried to elicit from them whether they were able to get quinine from the dispensary there. At that time some representations had been made to Government that quinine was not distributed from the dispensary there.

The dispensary has now been given extra staff. The Darbar Physician visited the place to ascertain the nature of the disease, and he found that it was endemic type of malaria in most cases. After that, action was taken to treat the patients suitably. Another dispensary has also been opened at Aryanad which is a full time dispensary.

There is one point raised by my friend the mover of this adjournment motion, which I would like to elucidate. Prior to this year we had deputed a medical officer, a compounder and watcher to one of these malarial endemic centres at Vellarada for five months. That staff has worked satisfactorily. One of the difficulties was the question of building. The present building contains two small rooms in a mud hut. The London Mission authorities said that they were willing to run this dispensary in a building seven furlongs from Vellarada for a grant equal to Government expense namely Rs. 870 last year. If we were to do it ourselves, the amount would come this year to a much greater figure. About a short time before the opening of this dispensary, I went over there with Dr. Somervell and the Neyoor Manager. We had to consider the question of site. We came to a place where there was a school. I considered that Panachamood was as big a centre as Vellarada. There was no market at Vellarada, while there was one at Panachamood. These considerations weighed with me in having the dispensary at Panachamood. The London Mission have now opened the dispensary in a rented building prior to their building being opened.

I have enquired of Dr. Somervell about the exact situation. I have got from him information about this matter. This is what he says:

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[Mr. James Simson.]

In Kavenenchirai and Panachamood we have already in 5 weeks distributed nearly as much free quinine as the Government Hospital distributed last year in 5 months, and in Panachamood where three to four hundred patients are seen every day, every single one of them has received Quinine or Cinchonae Febrifuge free; in not one single case at Panachamood has anything at all been charged for medicine. This applies not only to malaria but to other diseases which have been dealt with there. There is a notice upon the Panichamood dispensary asking patients to be there between 11 and 3. This is the time most convenient for them and is also the official time of the market of Panachamood. The medical man arrives at 11, the compounder very often having dealt with many cases before his arrival. The medical man seldom gets home till 7 at night, and the hours on our notice board are simply for the convenience of patients, and are not in any way intended to limit the hours of attendance of the medical man except in so far as they guarantee his attendance during those hours as a minimum.

There is another point which has got to be understood. Associated with malaria there are other diseases also. The Mission Hospital is distributing medicines for other diseases also. Their time is between 11 A. M. and 3 P. M. This is the time most convenient for them. That is the time when the market will be held. The time in Government Hospitals is between 7-30 to 10-30 in the morning and 4 to 5 in the evening. But they made this change and I acquiesced in it. Although, it is between 11 A.M. and 3 P. M. they are opening it till 7 P. M. on some days.

I think the people should be pleased that the London Mission have undertaken so much work. They have distributed there alone as much quinine in six weeks as Government did in five months last year. I think there is no reason why the Mission should not continue there. If, however, any complaint is brought to my notice about mismanagement of that institution, I may assure the members that we will pay every heed to it.

I hope to visit these areas as soon as the Council meeting is over. One reason why I was not able to visit the areas is that I was for some reason detained for a few weeks before this meeting in Trivandrum.

Mr. N. K. Padmanabha Pillai: On a point of order, Sir. We have only five minutes more to vote on this motion.

Chairman: It is now 5-30 P. M., and we shall adjourn till to-morrow.

The Council adjourned at 5-30 P. M.

P. PARAMESVARAN PILLAI,
Secretary to the Sri Chitra State Council.

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